SUBMIT: COMPLETED APPLICATION, TAX Eayfie'd County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COJUNTY WISCONSIN
Date Stand (Received)

Dat

\$75+\$*00* 

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MAY 13 2013

Refund: 5.31.13 5-13-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
TO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS Bayfield Co. Zoning Dept

HIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

	>	,				xplain)	Other: (explain)			
		- -	Library Library	THE STATE OF THE S	HM.	Conditional Use: (explain)	Condition			* Chicherten
	× :		Annual Control of the			Special Use: (explain)	Special U			
	×	_		- Paris de la company de la co		Lywy,				
	3		and the second s	γ)	Viteration (specific	Accessory Building Addition/Alteration (specify)	Accessor			
	×   ×	\ <u>'</u> -		****	Manager 1	Accessory Building (specify)	Accessor		☐ Municipal Use	
193	1 2/× 6	1/2		Porch	Serven	Addition/Alteration (specify)	Addition,			
	×		The state of the s		te)	Mobile Home (manufactured date)	Mobile H			
- TOOL	×	es) (	& food prep faciliti	, <u>or</u> □ cooking t	sleeping quarters	Bunkhouse w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	Bunkhou			
	×	-	,		age	with Attached Garage		se	☐ Commercial Use	
	×	_	Live,			with (2 <sup>nd</sup> ) Deck				
- A A STREET	×					with a Deck		_		
	x )				Special Control of the Control of th	with (2 <sup>nd</sup> ) Porch				
	× )	_				with a Porch	Attage		Residential Use	
	x }				index, every	with Loft	Vesideline			
	×  ×			1	ure on property)	<b>Principal Structure</b> (first structure on property)	Principal :			
Footage	Dimensions v 1	<u> </u>		Ire	Proposed Structure			<b>\</b>	Proposed Use	Leonoro
Square									rioposed collsulaction.	1 50
ير	Height:	a		100		[ P. Felevalit. (O.iv)	ng applied io	m permit bei	Existing Structure: (if permit being applied by is relevant to it)	a: lass
747	Height:		Width: 30	2,7	Length:	ris relevant to it	ha applied for			<b>™</b> Г
			□ None		And the second s				آت	-
		oilet	☐ Compost Toilet				11635 611	Property		
	tract)	/service cont	Portable (w	□ None		No Basement	mess on .	Rejucate (existing olds)		
<u> </u>	Vaulted (multiplized gains	L. [	□ Privy (Pit)	- 1		Basement	n .	Conversion	Section 1	
	Specify Type:	باي		<b>□</b> ×	Year Round	1-Story + Loft	lteration	Addition/Alteration	1	
□ City	Twos:	1	☐ (Now) Sanitary			' '	ruction	☐ New Construction	I	-
				,					material	
Water	e of / System perty?	What Type of Sewer/Sanitary System Is on the property?	Sew	# of bedrooms	Use	# of Stories and/or basement	ct pplying for)	<b>Project</b> (What are you applying for)	Value at Time of Completion * include donated time &	1
									☐ Non-Shoreland	30000
□ Å	□No	eline :feet	Distance Structure is from Shoreline :fee	Distance Stru	Pond or Flowage If yescontinue	X is Property/Land within 1000 feet of Lake, Pond or Flowage	/Land within	s Property,	3-Snorelano —	
Present?	Floodplain Zone?				scontinue>	Creek or Landward side of Floodplain? If yescontinue>	Iward side of	reek or Lanc	Τ	(100 m)
Are Wetlands	Is Property in	eline :	cture is from Shoreline	Distance Structure	n (incl. Intermittent)	300 feet of River, Stream	/Land within	is Property		351 F
2.225	Neagh Walland	Lot Size	E	<	Town of:	, Range 5 W	N, Range	_ , Township	Section 6	
		Subdivision:	Block(s) No.	Lot(s) No.		ot Lot(s) CSM	Gov't Lot	400,1/4	N 100 STR	<del>6</del>
s) 8/	Recorded Document: (i.e. Property Ownership)  Volume 1093 Page(s) 81	Volume 10	-008-02000	19-48	-HH-05	(Use Tax Statement) PIN: (23 digits) 04- 03(-)		Legal Description:	PROJECT LOCATION	
No.	Attached	1 200	Agent maining Avaices (mounts on Means) exp.	Sent Manna Mar		of Owner(s)) Agent Fnone:	(Person Signing Application on behalf of Owner(s))	n Signing Applic	ent:	
Written Authorization	Written A	http://in/	include City/C		364			Š	Scott By	
hone:	Plumber Phone:			Plumber:		Contrac			Ž	,
	Cell Phone		***************************************			City/State/Zip:			of Property:	
265-0015		H	Cable 1	S S S S S S S S S S S S S S S S S S S	M	25810	<u>.</u>	Š S		
7/5	Telephone: 7/	077V		CONDITIONAL GOL	IARY U PRIVE U	□ SAN	X LAND USE	ESTED-	TYPE OF PERMIT REQUESTED	) <u>-</u>
TUER	₽ Э	SPECIAL FISE	1	1) A TONIA		1	TENNIH COMMON	ON CHIEF PLE	DO NOT START CONSTRUCTION UNTIL ALL PERMITS	] 8

I (we) declare that this a am (are) responsible for may be a result of bay above described proper

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

"g any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) uracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which conducts information I (we) am (are) providing and that it will be relied upon by Bayfield County officials charged with administering county ordinances to have access to the purpose of inspection.

Owner(s): 8 (If there are Multiple

Authorized Agent:

(If you ar

signing on behalf of the owner(s) a letter of authorization must accompany this

application)

Date

Date

تعا

Copy of Tax Statement Copy of Tax Statement of Fyou recently purchased the property send your Recorded Deed

must sign or letter(s) of authorization must accompany this application)

Address to send permit

STATES

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finspector: Microfield of Curtails	150 Mittatton all bourd Commission Commissio	ဨ	31	ᄝ	n —	Is Parcel a Sub-Standard Lot Sparcel in Common Ownership S	Permit Denied (Date).  Reason for Denial:	NOTICE: All Land Use Permits Expire One (1) Yea For The Construction Of New One & Two Family Dwelling The local Town, Village, City, Sta	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propormarked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)	Prior to the placement or construction of a structure within ten (10) feet of the minimum recother previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than the	Setback to Septic lank or Holding lank  Setback to Drain Field  Setback to Privy (Portable, Composting)	EOC ENTE	Setback from the North Lot Line  Setback from the West Lot Line  Setback from the West Lot Line  Setback from the Fact Lot Line	ght-of-Way		(8) Setbacks: (measured to the closest point)  Description Measurement	Please complete (1) – (7) above (prior to continuing)		1 35						Show any (*): Show any (*):	ocation of (*):	Show Location of: Show / Indicate:
Hold For Affidavit: 🔏 Hold For Fees: 🗌			7 lasu	Were Property Lines Represented by Owner Was Property Surveyed	Y Variance (I	W/ ·	or Denial:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Number: 297915 # of bedrooms: 2	corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site of the structure, or must eyor at the owner's expense.  Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	quired setback, the boundary line from which the setback must be measured must be visible into (30) feet from the minimum required setback, the boundary line from which the setbac	Feet Schack to well			Feet	Feet Setback from the Lake (ordinary high-water mark)	w-etland O(e	Changes in plans mus	***	330	3.	D.F. Joseph L. J	No.		HKINS Lake	Stream/Creek; or (*) Pond lopes over 20%	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property  (*) Order of the Control of	מי
Date of Appendil/3-/3		Date of Re-Inspection:	Zoning District ( )	wner XYes eyed XYes	9-25-97 Case #: 97-600 #7	Affidavit Required Syes □ No Affidavit Attached Syes □ No		se has not begun. e Uniform Dwelling Code. Sanitary Date: 8-29-97	ng Tank (HT), Privy (P), and Well (W).	id must be visible from one previously surveyed corner to the which the setback must be measured must be visible from	40		Feet Feet	ek NH Feet	vater mark)	Graphe Rol Measurement	S be approved by the Planning & Zoning Dept.	700+	ωe!		**	addition	Screen, porch			Tand (or (*) Drive (D)	Ÿ

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APPLICATION FOR PERMIT BAYFIELD COMMEN, MISCON

Date Shamp (Received)

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Refund:	Amount Paid:	Date:	Permit #:
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5-3-13	O	2-6	0
C)		3	

Authorized Agent:	may be a result of Bertheld County to above described property ayany read above described property ayany read Owner(s):  Owner(s):  (If there are Multiple Owner)	Secretalial Stall  I (we) declare that this application (if am (are) responsible for the detail if		2 2 2 3	Rec'd for Issuance		☐ Municipal Use	1 1				Kesidential Use		Proposed Use	Proposed construction.	Existing Structure: (if permi		☐ Run a Bu Property	ТТ	\$ 100,000 Gonversion		donated time & material		☐ Non-Shoreland	X Shoreland 🖊 🔀 Prop	☐ Is Prop	Section 32 , Township	1/4,1/4	PROJECT LOCATION LOCATION	Authorized Agent: (Person Signing A		ことに	Owner's Name:	TYPE OF PERMIT REQUESTED→ X LAND USE	Checks are made payable to: Bayfield of BO NOT START CONSTRUCTION UNTIL	INSTRUCTIONS: No permits will be issued until all fees are paid.
are cigning on hehalf of the owner(s)	relying on this information (but am lare) provided in the further provided in spection.  Sequence of inspection.	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTHES (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and to the best of my (our) knowledge and belief it is true, correct (we) declare that this application (including any accompanying information) has been examined by me) (us) and the best of my (our) knowledge and belief it is true, correct (we) declare that the best of my (our) knowledge and belief it is true, to rectangle (including any accompany) and the best of my (our) knowledge and belief it is true, to rectangle (including any accompany) and the best of my (our) knowledge and belief it is true, to rectangle (including any accompany) and the best of my (our) knowledge (including any accompany	Other: (explain)	Conditional Use: (explain)	-	Accessory Building Accessory	Accessory Building (specify)	Mobile Home (manuf	Bunkhouse w/ (☐ sanitary, or ☐ sle	with (2"") Deck	with a Dack	with a Porch	Residence (i.e. cabin, hunting shack, etc. with Loft			Existing Structure: (if permit being applied for is relevant to it)		☐ Run a Business on ☐ No Basement Property ☐ Foundation	isting bldg)	Addition/Alteration 1. 1-Story + Loit Conversion 2-Story			Project # of Stories (What are you applying for) and/or basement			☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	ship 44 N, Range 6 W	4 Gov't Lot Lot(s)	(Use Tax Statement)	Signing Application on behalf of Owner(s))  Ag		Samp wont St	200	→ X LAND USE □ SANITARY	Checks are made payable to: Bayfeld County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	ued until all fees are paid.
a letter of authorization must accomp	is information (we) am (are) providing in or with this application. I (we) consent to county universal county univers	or STARTING CONSTRUCTION WITHOUT A en examined by me (us) and to the best of my (or iding and that lywill be relied upon by Bayfi			1000	ion/Alteration (specify)	cify)	late	☐ sleeping quarters, or ☐		Story Mouse		)	Proposed Structure	1年 北	Length: 4A		nt l None			Seasonal 1 1		nt Use #		<b>↓</b>	Stream (ind. Intermittent) Distance If yescontinue	GRAWVIE	k Page	PIN: (23 digits) 2 44 06 37		SSS 6560 Teff	m	23 DOWALD DR	PRIVY CONDITION		Bayfield Co. Zoning Dept.
any this application)	accompany this application)	, PERMIT WILL RESULT IN PENALTIES our knowledge and belief it is true, correct an our knowledge and belief it is true, correct an ed County in determining whether to issue a state of County in determining whether to issue a state of the county of the cou							cooking & food prep facilities)		5		J-			Width: 34	None	☐ Compost Toilet	Privy (Pit) or	<u>`S</u>	☐ (New) Sanitary Specif		What Sewer/San		Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	10t Size 3222	Block(s) No.	1 05 00.7 Recorded D	1	Plumber:	(28h,	PRO-1 216	□ SPECIAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp	Refund:
Date	pate 9 11/16/20,	trand complete. I (we) acknowledge that I (we) ee a permit. I (we) further accept liability which serine county ordinances to have access to the	×	x )	×	×	x )	×	×	×	6)6	924 (h8 x h8	××			Height:		COllinger	Vaulted (min 200 gallon)				Type of Water wate		□ Yes □ Yes	Is Property in Are Wetland Present?	29x Acresse 5/6		Bocument: (i.e. Property Ownership)	<del>  -</del>	558-6560		05 608 837 - Cell Phone: 7788	:::	s www.bayfieldcounty.org/zoning/ass	

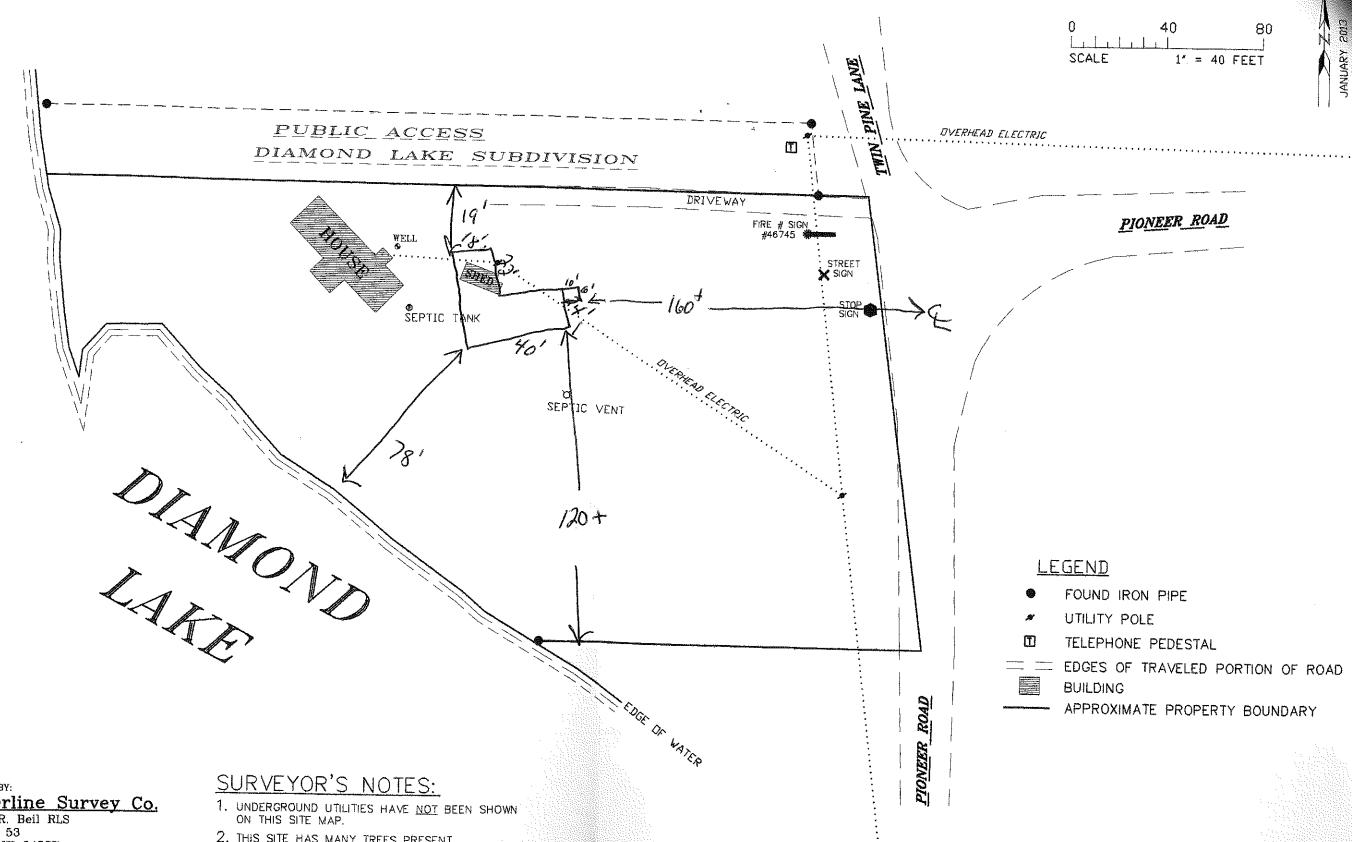
Address to send permit 1423

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m	TOTAL OI MINNE TO COMMISSION OF THE PROPERTY O	mect
5-14-13	Hold For Affidavit.   Hold For Fees: X \$50	Hold For Sanitary: Xi Hold For TBA:
	ttached? □ Yes □ No -(If <u>No</u> they need to be attached.)	mmittee or E
spection:	Softman IIII	alay Mestacl
X Yes □ No A Yes □ No	Were Property Lines Represented by Owner Was Property Surveyed	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No Inspection Record:
	Previously Granted by Variance (B.O.A.) ☐ Yes X No ☐ Case	
Affidavit Required ☐ Yes & No Affidavit Attached ☐ Yes X No	JK No Mitigation Required ☐ Yes KNo Mitigation Attached ☐ Yes KNo	Lot □Yes hip □Yes ing Yes
	Permit Date: 3-31-13	Permit #:/3 -0/09
Sanitary Date: 8 - 30 - 76	Sanitary Number: 414// # of bedrooms: 2	Issuance Information (County Use Only) Permit Denied (Date):
	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code	
e proposed site of the structure, or must be  (HT), Privy (P), and Well (W).	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propormarked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT),	one previously surveyed corner to the other previously surveyed corner marked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Loca
	it of the millimum required setback, the boundary line from which the setback must be measured must be se owner's expense. I feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the s	Prior to the placement or construction of a structure within ten (10) feet of the millim other previously surveyed comer or marked by a licensed surveyor at the owner's exp prior to the abscence of the comer or marked by a licensed surveyor at the owner's exp
	Feet Feet	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)
	reet Lievation	Setuack Holli the East for this 100m FORM
N/7 Feet		Lak
WA Feet	4	Setback from the North Lot Line
mark) 78	/ 63+ Feet Setback from the Lake (ordinary high-water	Setback from the Centerline of Platted Road
Measurement	Measurement Description	Description
oved by the Planning & Zoning Dept.	nuing) Changes in plans must be approved sest point)	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)
	tached	
)	tlands; or (*) Slopes over 20%	Show any (*): Show any (*):
Driver (D)	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Mall (A)): (*) Servic Table (ST): (*) Prain Eigld (DE): (*) Holding Table (HT) and (or (*)	y Show Location of: Proposition of the North py Show Location of (*): (*) Dr (*) Show:  (4) Show: (*) All Exists the Show:
· · · · · · · · · · · · · · · · · · ·	naw or Sketch your Property (regardless of what you are applying for)	

## EXISTING CONDITIONS SITE

OF A SITE AT FIRE #46745 TWIN PINES LANE IN THE TOWN OF GRAND VIEW, BAYFIELD COUNTY, WI.



PREPARED BY:

Timberline Survey Co.

Patrick R. Beil RLS P.O. Box 53 Glidden, WI 54527 715-264-2463

- 2. THIS SITE HAS MANY TREES PRESENT.
- 3. THIS IS NOT A PROPERTY BOUNDARY SURVEY.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Date: Amount Paid: Permit #: 531-13 531-13 10.010 0.010

#76

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Refund:

Description:   Lots   Tax Salement    Lot(s)	- 1	e: (explain)	Conditional Use: (explain)	
Project   Principal Structure (first structure on property)   Princ		tricin)	_	
Distance Struct   Principal Structure (first structure on property)   Distance Structure on property   Distance Structure   Distance Structu		plain)	4	
Distance Structure   Principal Structure (first structure of property)   Distance (Structure of property)   Distance (Structure of property)   Distance (Structure of property)   Distance (Structure of property)   Distance Structure of property)   Distance Structure of property (Le. cabin, hunting shack, etc.)   With a Porch with (2m) pock   With a Porch with a Por			-	
Mailing Address:   Mailing Address:   City/State/2ip:   City/State/2ip:   City/State/2ip:   Agent Mailing Address:   Agent Phone:   Plumber:   7/23 - 3/1 C	- 39X	1	<u> </u>	
Mailing Address:    Agent Mailing Address:   Chrys	i	n (specify)		
Mailing Address:  A PROWN  A PAGE S. S. W. C. Chry  Chry  Startez Zip:  Chry  Contractor Phone:  763-31(0)  PIN: (23 dights)  Property/Land within 300 feet of River, Stream (Ind. mermitten)  Froperty/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Property/Land within 1000 feet of Lake, Pond or Flowage  Bedrooms  # # Of Stories  # # Of Stories  # Distance Struct  # Distance Struct  # Wes—continue →  Distance Struct  # Wes—continue →  Distance Struct  # Words Frowage    Distance Struct   Seasonal   1   1		manufactured date)		
Mailing Address:    Agent Phone:   Contractor Phone:   Chry/State/Zip:   Chry/State/Zip:   Chry/State/Zip:   Chry/State/Zip:   Contractor Phone:   Contractor Phone:   Chry/State/Zip:   Agent Mailing Address:   Chry/State/Zip:   Agent Mailing Address:   Chry/State/Zip:   Chry/Sip:   Chry	facilities) (	n Attached Garage  ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep		Commercial Ose
Project   # of Stories   w Construction   # Structure		h (2") Deck		
A		h a Deck	wit	
A	•	h (2 <sup>nd</sup> ) Porch	Wit	
A		h a Porch		Residential Use
Mailing Address:  [4945 S. S. W. After RA. Grity/State/Zip:    Contractor Phone:   Contractor Phone:   Plumber: 763 - 3110		h Loft		
Mailing Address:    1945 S. S. W. ed. Pr. Rd. City/State/Zip:   Contractor Phone: 7(23-3)(0)		ure (first structure on property)	_	
Mailing Address:   City/State   City/State	, ס	Proposed Structure		Proposed Use
City/State/Zip:  Contractor Phone:  763-3110  Agent Phone:  PIN: (23 digits)  04-031-7-45-06-30-401-01  CSM Vol & Page Lot(s) No.  Town of:  W Crand Vie Lot(s) No.  If yescontinue	36	Length: 32'	On:	Proposed Construction:
City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   763 - 3110   Agent Mailing Add.   Agent Phone:   Town of:   CSM   Vol & Page   Lot(s) No.   Lot(s) No.   Lot(s) No.   CSM   Vol & Page   Lot(s) No.   Lot(s) No.   CSM   Vol & Page   Lot(s) No.   Lot(s) No.   CSM   Vol & Page   Lot(s) No.   Lot(s) No		Length:	ff permit being applied for is rele	ting Structure: (i
City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Agent Mailing Adding A		The state of the s		
City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   763-3(10)   Agent Mailing Add.   Agent Phone:   PlN: (23 digits)   O4-O3-J-45-O6-30-J-0-O   Agent Mailing Add.   Agent Mail	Compost Toilet		Property	1
City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   763 – 3110   Agent Mailing Add.   Agent Phone:   763 – 3110   Agent Mailing Add.   Agent Mai	Portable (w/service contract)	X None	Run a Business on	7 .
City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   763-3110   Agent Mailing Add   Agent Phone:   Agent Mailing Add   A	er er		Conversion	
Address:	Sanitary Specify Type:	🗏 Year Round 🗍 2	teration	1500 1000
Mailing Address:    19455.5wg   City/State/Zip:   Contractor Phone:   763-3100     Agent Phone:   Town of:   W Con of:   W Con of:   W Con of:   Fiver, Stream (Ind. Intermittent)     River, Stream (Ind. Intermittent)		☐ Seasonal ☐ 1	×	84
Mailing Address:    19455.5wg   City/State/Zip:   Contractor Phone:   763-3100     Agent Phone:   Town of:   W Contractor Phone:   Town of:   Fiver, Stream (Ind. Intermittent)   Town of:   Town of:	What Type of Sewer/Sanitary System Is on the property?	Use of bedrooms	lying for)	Value at Time of Completion * include donated time & material
Mailing Address:    19455.5wg   City/State/Zip:   Contractor Phone:   763-3110   Agent Phone:   Cy3 digits    O4-031-7-45-06-   Lot(s)   CSM   Vol & Page   Lot(s)   CSM   Vol & Page   Lot(s)   CSM   Cycy   of River, Stream (Incl. Intermittent)   of Lake, Pond or Flowage   If yescontinue →				又 Non-Shoreland
City/State/Zip:    19455.5wg   City/State/Zip:   Contractor Phone:   763-3100     Agent Phone:   763-3100     Agent Phone:   Town of:   Lot(s)   CSM   Vol & Page     Lot(s)   CSM   CSM   Vol & Page     Lot(s)   CSM   Vol & Page     Lot(s)   CSM   CSM   Vol & Page     Lot(s)   CSM   Vol & Page     Lot(s)   CSM   Vol & Page     Lot(s)   CSM   CSM   CSM   CSM     Lot(s)   CSM   Vol & Page     Lot(s)   CSM   CSM   CSM   CSM     Lot(s)   CSM   Vol & Page     Lot(s)   CSM   CSM   CSM   CSM     Lot(s)   CSM   CSM   CSM   CSM     Lot(s)   CSM   CSM   CSM   CSM   CSM     Lot(s)   CSM   CSM   CSM   CSM   CSM   CSM     Lot(s)   CSM   CSM   CSM   CSM   CSM   CSM   CSM     Lot(s)   CSM	is from Shoreline : feet	Distance Structure	] Is Property/Land within 1000	
19455.5wg   19455.5wg   19455.5wg   19455.5wg   19453-3100     Agent Phone:   763-3100     Agent Phone:   763-3100     Agent Phone:   763-3100     Agent Phone:   763-06-06-06-06-06-06-06-06-06-06-06-06-06-	is from Shoreline :	Distance Structure	Is Property/Land within 300 for Creek or Landward side of Flooc	Shoreland L
19455.5wg   19455.5wg   City/State/Zip:   Contractor Phone:   763-3100   Agent Phone:   23 digits    04-031-7-45-06-   Lot(s)   CSM   Vol & Page	Lot Size	6 w Grand V	J.	Section 30
19455.5wg   19455.5wg   City/State/Zip:   Contractor Phone:   763-3100   Agent Phone:   23 digits    04-031-7-45-06-	ļ	CSM Vol & Page Lot(s) No.	1/4	NE 1/4, SE
Mailing Address:    9455.5wg City/State/Zip:  Contractor Phone: 763-310  Agent Phone:	Recorded Document: (i.e. i	-	Legal Description: (Use Tax State	PROJECT <u>L</u>
Mailing Address:    1945 5.5 Wg   City/State/Zip:   Contractor Phone:   763-3110	y/State/Zip):	Agent Phone:	on Signing Application on behalf of Own	Authorized Agent: (Perso
199455.Sweden Rd		O sone:	5	
19945 Sweden Rd		And I aware I mile.		Sqme
)	Ulew, W	Sweden Rd	C. Daws	ROUND &
	54839	3	Owner's Name:	Owner's Name:
	l			

Owner(s).
(If there are Multiple Authorized Agent: FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES 3 any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date Date 5-23-13

(If you are signing on behalf of the er(s) a letter of authorization npany this application)

Address to send permit

3 W KK

200

above

Attach

Copy of Tax Statement 

Copy of Tax Statement 

ff you recently purchased the property send your Recorded Deed

2001				Chos	1911	I Blocker W. W. J. W.	Signature of Inspector:
Date of Approval		la.	max		pressure :	water under	11/0- 2
		5	: 8	human h	for hu	May not be used for human b	36
Date of Re-Inspection:	attached )	tuilele		Inspected by:		ection: 5-30-/3	Date of Inspection:
Zoning District $(R^{-3})$ Lakes Classification $(M)$	22 82			hichs.	2 July 2	Record: 11 table 11 Mesta	Inspection R
Xyes 10 Eno	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Li			ad Solves □ No	₽ ₹	Was Prop
<b>#</b>	oy Variance (B.O.A.)  Case #:	Previously Granted by			The state of the s		ranted by
Affidavit Required ☐ Yes of No Affidavit Attached ☐ Yes of No	□Yes XNo	Mitigation Required Mitigation Attached	NO ON IN	d) ious Lot(s))	☐ Yes (Deed of Record)	ming ership d Lot	Is Parcel in Is Struct
		3	り シ	Permit Date:		12-015	Permit #: 'A'S
Sanitary Date:	# of bedrooms:		nber:	Sanitary Number:	Use Only)	Issuance Information (County Use Only)	ssuance
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), Stake or Mark Proposed Location (HT), Privy (P), Stake or Motice: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.	, <u>Septic Tank (ST)</u> , <u>Dr</u> 1 the Date of Issuance Municipalities Are Rec Federal agencies may	nstruction ) Year from elling: ALL y, State or	ts Expire One (1) Two Family Dw Two, Village, Cit	oposed Location  NI Land Use Permit on Of New One & The local To	(9) Stake or Mark Pr NOTICE: , For The Constructi	
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	ck, the boundary line from which the sei a known comer within 500 feet of the	the minimum required setba	(30) feet from artment by use	but less than thirty verifiable by the Dep	e more than ten (10) feet siy surveyed corner, or v se.	ement or construction of a structur surveyed corner to the other previous sed surveyor at the owner's exper	for to the plac te previously s arked by a lice
visible from one previously surveyed corner to the	e setback must be measured must be vis	boundary line from which the setback must be	fred setback, the	he minimum require mer's expense.	within ten (10) feet of tensed surveyor at the ox	placement or construction of a structure within ten (10) feet of the minim pusy surveyed corner or marked by a licensed surveyor at the owner's exp	Prior to the placemother previously su
200		Delback to well	Feet reet	15 F	ink	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Bring (Bottable Composition)	Setback to
					O Cox corp / Serv	200	Chack
Feet	20% Slope Area	Setback from 20% Slop  Flevation of Floodplain	Feet	1025 2027 2028		Setback from the South Lot Line  Setback from the West Lot Line	etback fro
M Foot	the bank of bidii	Serback from the	1 1	12	weden Ka	Setback from the North Lot Line S. Suite en Ko	etback fro
mark) W/T	high-water, Creek	Setback from the River, Stream Setback from the River, Stream	Feet	654	ed Road of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	etback fro etback fro
vieasurement	Description		ent	Measurement		Description	
	1		•	st point)	red to the closes	(8) Setbacks: (measured to the closest point)	
Changes in plans must be approved by the Planning & Zoning Dept.	anges in plans must be appro	G		· · · · · · · · · · · · · · · · · · ·	(7) above (prior to continuing)	n n	Please o
r (*) Privy (P)	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	*) Frontage Road (Name Frontage Rores on your Property ptic Tank (ST); (*) Drain Field (DF); ( (*) Stream/Creek; or (*) Pond ) Slopes over 20%	ntage Roa 1 your Prop ank (ST); ( ream/Cree rea over 20	(*) Driveway and (*) Frontage Road (All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%		(3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	
	;		į	North (N) on Plot Plan			

Nonth - Alle BARN 320 2/ JAMES 2 w Property House

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

> > Permit #:

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CHIPMED)

Date Stamp (Received) Parinte 8 Ju

Refund: Amount Paid: 5-31-13 \$75

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department

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Secretarial Staff		*	Rec'd for Issuance		☐ Municipal Use			☐ Commercial Use			•	★ Residential Use			Proposed Use		Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:				⊒ [a		\$ 1 500 Ex	3	material	Value at Time of Completion * include donated time &	X Non-Shoreland		☐ Shoreland ——>		Section 30	NE 1/4, SE	PROJECT Legs		gent:	Soutractor: All Uliv	S S S	Rodue W	TYPE OF PERMIT REQUESTED	This ROC FIXMS: NO permits will be issued until all lees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
						<b>A</b> □									•		ermit bein	000000000000000000000000000000000000000		Property	Run a Rusiness	Relocate (aviction hide)	Addition/Alteration	New Construction		Project (What are you applying for)		Property/	ek or Land	Property/	, Township	_ 1/4	Legal Description:		igning Applica	5		<u>D</u>	STED-	yfield Count UNTIL ALL F
EAH IRE TO	Other: (explain)	Special U	++++	Accessor	Accessor	Mobile H	Bunkhou		and the state of t				Venidello	Principal			g applied to				ess on	etion blan	teration	uction		t plying for)		Land withir	ward side o	Land within	45,	Gov't Lot	on: (Use Ta		(Person Signing Application on behalf of Owner(s))			23 0 0 0 0 0 0 0	X LAND USE	ntil all tees a ry Zoning Dep ERMITS HAV
Z	Other: (explain)	Special Use: (explain)		Building /	Accessory Building	Mobile Home (manufactured date)	se w/ (□ sa	with At	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Structure			r is relevant			- 1		z-story	⊴ 1-Sto			# of Stories and/or basement		1000 feet (	f Floodplair	300 feet o	N, Range		(Use Tax Statement)		of Owner(s))					re palo. Jartment E BEEN ISSUE
PERMIT or STAF	plain)		***************************************	Addition/A	(specify)	factured da	nitary, <u>or</u> [	with Attached Garage	d) Deck	)eck	9 Porch	orch	, iluituig	(first struc			to it)			ation	No Basement	y nent	1-Story + Loft	Ÿ		tories asement		of Lake, Pon If y	1? If y	River. Stre	M	Lot(s) CSM		2	Agent	Contr		City/s	SANITARY	D TO APPLIC
BTING CONSTRIL				Accessory Building Addition/Alteration (specify)	1. K. K.		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or	age	The state of the s				with Loft	Principal Structure (first structure on property)	Proposed Structure		Length:						_   _		10000	Use		☐ Is Property/Land within 1000 feet of Lake, Pond or Fiowage If yescontinue	Creek or Landward side of Floodplain? If yescontinue	am (incl. Inter	Tow				Agent Phone:	Contractor Phone:		19945 S.	□ SANITARY □ PRIVY	Eaylield Co. Zoning Dept.
THOUTING MOITHING				(specify)			luarters, o							operty)	Structure		16					AND THE PROPERTY OF THE PROPER	Year Round	—				₩         	<b>↓</b>	mittent)	Town of:	Vol & Page	5063		_			Sweden		io. Zonir
⊳ [					JEH CAL		r □ cooking														None	_   C	2 2			# of bedrooms		Distance St		Distance St		Lot(s) No.	~		Agent Mailing Address (include City/State	Plumber:		62	CONDITIONAL USE	Oring Dept. OUT THIS APPLICATION (visit of
PERMIT WILL RESULT IN PEN		THE PERSON NAMED OF THE PE	and the state of t				cooking & food prep facilities)				***************************************						width:	140: 441		□ Cor	Por	□ Dri	X □ (Ne		1000			Distance Structure Is from Shoreline :		Distance Structure is from Shoreline:	Jieu		ğ		Address (incl	***************************************		Grand		T THIS APPLIC
SUIT IN PEN							p facilities												ne	Compost Toilet	□ Portable (w/service contract)	Privy (Pit) or	(New) Sanitary	Municipal/City		Sewe		rom Shore		rom Shore		Block(s) No.	1	_	ude City/Sta				SPECIAL USE	CATION (visi
ATTES	7	1-		_		1		_	~	_	_	_	- -	-	-		لنا			et	ervice co	~-	-1	Ì		What Type of er/Sanitary Sys		feet	_ feet	ine:	Lot Size	Subdivision:	Volume_		te/Zip):			( \frac{1}{2}	SSO T	our webs
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				And the second s	8	S S					W. P. C.			The street of the state of the	Footage	Square							□ X Well	□ City		Water		X No	Present?	A to Worksands	0		Volume 9/1 Page(s) 250	No	Written Authorization	Phone:		763-3488 Cell Phone:	OTHER	ur website www.bayfieldcounty.org/zoning/asp

Owner(s) (If there are Multiple

Z

Quers listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s)  $\frac{1}{2}$  letter of authorization

accompany this application)

Date

Date

5-23-13

Address to send permit

Same

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allove

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application discussion discussion panying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accompanying information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property acting reasonable time for the purpose of insection.

Date of Approval:  2 7 2 4 7 2 4 7 2 7 2 7 2 7 2 7 2 7 2 7	Date of J			uold for Affidavit.		Mal Fus		Signature of Inspector:
					•	)	W. 100	
Re-inspection:	Date of Re-I	ned.)	they need to be attached.)	No -(If No	Inspected by: ched? □ Yes □	Conditions Atta	mitte William	e of Inspection dition(s):Towr
ng District $(R-\lambda)$ s Classification $(MA)$	Zoning District Lakes Classifica				hole.	Kalles	ed Metall	Inspection Record: Well Staked
ond on	er XYes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lines			Xi yes □ No Xi Yes □ No	ly Creat Delineat	Was as Proposed B
	Case #:		Previously Granted by Variance (B.O.A.) □ Yes 🔌 No	MAN.			င္မ	Granted by Variance (B.O.A.)
iired □Yes ÆNo hed □Yes ÆNo	Affidavit Required Affidavit Attached	⊟ Yes XNo □ Yes XNo	Mitigation Required Mitigation Attached	NO ON S	d) Jous Lot(s))	s (Deed of Record) 6 (Fused/Contiguous Lot(s)) 9	Is Parcel a Sub-Standard Lot Yes Is Parcel in Common Ownership Yes Is Structure Non-Conforming Yes	Is Parcel a Sul arcel in Comm
			J'S	531	Permit Date:		10.0/11 10.0/11	ermit#: 13
10-98-E1.3	Sanitary Date:	# of bedrooms: 2	389412		Sanitary Number: Reason for Denial:	e Only)	Issuance Information (County Use Only) Permit Denied (Date):	Issuance Informa Permit Denied (Date):
ode.		Construction or Use har red To Enforce The Ur o require permits:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling. The local Town, Village, City, State or Federal agencies may also require permits:	1) Year from t velling: ALL M	ts Expire One ( Two Family Dw own, Village, Ci	and Use Permi Of New One & The local To	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not beging for The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: The local Town, Village, City, State or Federal agencies may also require permits:	(6)
nust be measured must be visible from ed site of the structure, or must be		the boundary line from which known corner within 500 feet	e minimum required setback, if a corrected compass from a life corrected cor	r (30) feet from the partment by use of	t but less than thirty verifiable by the Dej	are than ten (10) fee surveyed corner, or	rior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback in greviously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proporarised by a licensed surveyor at the owner's expense.	to the placement or reviously surveyed by a licensed sur
previously surveyed corner to the	от опе	etback must be measured mu	the boundary line from which the setback must be measured must be visible f	ed setback, the bo	the minimum required setback, the mer's expense.	thin ten (10) feet of a surveyor at the o	SELDACK TO PTIVY (POILABLE, COMPOSITIR)  Fronto the placement or construction of a structure within ten (10) feet of the  owner previously surveyed comer or marked by a licensed surveyor at the owner  owner previously surveyed comer or marked by a licensed surveyor at the owner.	o the placement or previously surveye
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			<b>)</b>		(B)	ior to continui	te (1) - (7) above (prior to continuing)	Please complete (1)
	***************************************		; or (*) <b>Pond</b>	pes over 20%	(*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(*) Lake; (*) Wetla	Show any (*): Show any (*):	1
٠	nd/or (*) <b>Privy</b> (P)	d) Holding Tank (HT) ar	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)	ontage Road in your Prope Tank (ST); (*)	North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures of (*) Well (W); (*) Septic	North (N) (*) Driveu All Existin (*) Well (	Show / Indicate: Show Location of (*): Show: Show:	(2) (3) (4) (5)
			(1) Show Location of: Proposed Construction		Proposed Construction	Proposed	Show Location of:	- 1

OBJanuary 2012 Verdaine / Christine Peterson

-GAME BARN 321 7/ 701 , J